

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 --- 4 2

2. STATE

MO

3. PROGRAM IDENTIFICATION: TITLE XIX OF
THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

~~January 1, 2001~~ S/B January 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.10(6)

7. FEDERAL BUDGET IMPACT:

a. FFY _____ \$ _____
b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplemental 1 to Attachment 3.1-A, Page 6-g
3.1-A, Page 10g

9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION
OR ATTACHMENT (If Applicable):

Supplemental 1 to Attachment 3.1-A, Page
6-g
3.1-A, Page 10g

10. SUBJECT OF AMENDMENT:

Designate the Department of Elementary and Secondary Education as an organized health care delivery system for Missouri's Early Intervention Program under Part C of the Individuals with Disabilities Education Act.

11. GOVERNOR'S REVIEW (Check One)

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT *92*
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPE NAME:

Dana Katherine Martin

14. TITLE:

Director

15. DATE SUBMITTED:

December 21, 2001

16. RETURN TO:

Division of Medical Services
615 Howerton Court
P.O. Box 6500
Jefferson City, MO 65102-6500

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

12-28-01

18. DATE APPROVED:

MAR 14 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

01-01-02

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Thomas W. Lenz

22. TITLE:

ARA for Medicaid & State Operations

23. REMARKS:

cc:
Martin
Vadner
Waite
CO
DSG/DIATA

SRA CONTROL

Date Submitted: 12-21-01

Date Received: 12-28-01

Substitute per letter date: _____

State Missouri

b. Early and Periodic Screening, Diagnosis, and Treatment Services (cont.)

PSYCHOLOGY/COUNSELING PROGRAM:

Medically necessary psychological/counseling services are covered for individuals under the age of 21 years when the need for the services is discovered through an EPSDT screening service and provided by a licensed psychologist, licensed social worker or licensed professional counselor. Some services require prior authorization to determine the medical necessity of the service recommended.

Psychology/counseling services include the following:

- Assessment
- Testing
- Crisis Intervention
- Individual Therapy
- Family Therapy
- Group Therapy

THERAPY PROGRAM (HCY);

Physical Therapy: Physical therapy services are covered as an EPSDT service to the extent they are medically necessary and include evaluation and treatment related to range of motion, muscle strength, functional abilities and the use of adaptive/therapeutic equipment. Activities includes but are not limited to rehabilitation through exercise, massage, the use of equipment ad therapeutic activities.

Splinting and casting is a covered service when provided by a licensed physical therapist when medically necessary for the treatment of a patient (includes supplies and fabrication time).

Occupational Therapy: Occupational therapy services are covered as an EPSDT service to the extent they are medically necessary and include evaluation and treatment services. Typical activities related to occupational therapy are: perceptual motor activities, exercises to enhance functional performance, kinetic movement activities, guidance in the use of adaptive equipment and other techniques related to improving motor development.

Splinting and casting is a covered service when provided by a licensed occupational therapist when medically necessary for the treatment of a patient (includes supplies and fabrication time).

Speech/Language Therapy:

Speech/language services are a covered service when provided by a licensed speech pathologist or by a Department of Elementary and Secondary Education (DESE) certified speech therapist who is certified to provide speech/language services as a school district employee. Speech/language therapy is the evaluation and provision of treatment of the remediation and development of age appropriate speech, expressive and receptive languages, oral motor and communication skills. Speech treatment includes activities communication skills. Speech/language therapy includes treatment in one or more of the following areas: articulation, language development, oral motor/feeding, auditory rehabilitation, voice disorders and augmentative communication modes.

The Missouri Department of Elementary and Secondary Education, as this state's lead agency for the provision of early intervention services consistent with the requirements of the Individuals with Disabilities Education Act, will act as an organized health care delivery system for the provision of physical, occupation, and speech therapy services for young children aged birth to 36 months.

2. Conditions Diagnosed (Neonatal/Infant/Toddler Conditions)

a. Genetic conditions known to be associated with mental retardation or developmental disabilities including but not limited to:

- Down Syndrome
- Cri-du-Chat Syndrome
- Klinefelter's Syndrome
- Trisomy 18 Syndrome (Edward's)
- Turner's Syndrome
- Trisomy 13 Syndrome (Patau's)
- Triple X Syndrome
- Fragile X Syndrome
- Prader Willi
- Pierre Robin

b. A developmental delay, as measured by appropriate diagnostic measures and procedures emphasizing the use of informed clinical opinion, is defined as a child who is functioning at half the developmental level that would be expected for a child developing within normal limits and equal age. In the case of infants born prematurely, the adjusted chronological age should be assigned ~~for~~ infants born prematurely, the adjusted chronological age should be assigned for a period of up to 12 months or longer if recommended by the child's primary medical home. The delay must be identified in one or more of the following areas.

- a. cognitive development;
- b. communication development;
- c. adaptive development;
- d. physical development, including vision and hearing;
- e. social or emotional development;

E. Qualifications of Providers:

The Missouri Department of Elementary and Secondary Education, as this state's lead agency for the provision of early intervention services consistent with the requirements of the Individuals with Disabilities Education Act, will act as organized health care delivery system for the provision of targeted case management services for young children aged birth to 36 months.

Case management providers must meet all of the following criteria:

1. Be enrolled with the Department of Elementary and Secondary Education as a Missouri First Steps provider.

State Plan TN No.: 01-42
Supersedes TN No.: 01-14

MAR 14 2002
Approval Date: _____
Effective Date: January 1, 2002